

Commonwealth Of Virginia Health Benefits Program

# EXTENDED COVERAGE ENROLLEES

## Monthly Rates Effective July 1, 2002

STATEWIDE PLANS	<i>Key Advantage</i>	<i>Key Advantage w/Expanded Benefits</i>	<i>Cost Alliance</i>	<i>Cost Alliance w/Dental</i>
<i>Enrollee Single</i>	\$301	\$313	\$555	\$576
<i>Enrollee Plus One</i>	\$557	\$579	\$555	\$595
<i>Family Coverage</i>	\$813	\$846	\$555	\$613

  

REGIONAL PLANS	<i>Kaiser Permanente HMO</i>	<i>Aetna POS</i>	<i>Aetna HMO</i>	<i>Piedmont Community HMO-POS</i>
<i>Enrollee Single</i>	\$265	\$304	\$276	\$271
<i>Enrollee Plus One</i>	\$491	\$562	\$511	\$502
<i>Family Coverage</i>	\$716	\$821	\$747	\$732

Note: These premiums include the 2% administrative fee which is permitted by federal regulation. If you were disabled when you enrolled in Extended Coverage, the above premiums apply only to the first 18 months of your coverage.

## Monthly Rates For Months 19-29 Of Disability

STATEWIDE PLANS	<i>Key Advantage</i>	<i>Key Advantage w/Expanded Benefits</i>	<i>Cost Alliance</i>	<i>Cost Alliance w/Dental</i>
<i>Enrollee Single</i>	\$443	\$461	\$816	\$848
<i>Enrollee Plus One</i>	\$819	\$852	\$816	\$875
<i>Family Coverage</i>	\$1,196	\$1,244	\$816	\$902

  

REGIONAL PLANS	<i>Kaiser Permanente HMO</i>	<i>Aetna POS</i>	<i>Aetna HMO</i>	<i>Piedmont Community HMO-POS</i>
<i>Enrollee Single</i>	\$390	\$447	\$407	\$399
<i>Enrollee Plus One</i>	\$722	\$827	\$752	\$738
<i>Family Coverage</i>	\$1,053	\$1,208	\$1,098	\$1,077

These premiums include the 50% administrative fee which is permitted by federal regulation.